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1.0 Purpose & Scope

This document describes the acceptable content of an Industrial Hygiene subject area Self-Assessment Report and Corrective Action Plan. The goal of the procedure is to provide a uniform methodology and protocols to ensure high quality assessments.

2.0 Responsibilities

- 2.1 **Program Administration:** This procedure is administered through the SHSD Industrial Hygiene Group.
- 2.2 **Lead Assessor** is responsible to follow this procedure in documenting the assessment and entering information into the BNL system for tracking the status of closure of action items.

3.0 <u>Definitions</u>

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- 3.1 Corrective Action Plan: A document that describe actions that need to be taken to correct a deficiency or gap in a BNL IH Program or line organization implementation of the BNL program.
- 3.2 *Lead Assessor:* A person assigned by the IH Group Leader to plan, organize, lead and document the self-assessment.
- 3.3 **Self Assessment Report:** A document that describe method and results of a audit of a BNL IH program.
- 3.4 Self-Assessment Report and Corrective Action Plan issues hierarchy:
 - Noteworthy Practice: Exemplary action that is above and beyond program compliance and is worthy recognition as highly positive. These are noted in the Self-Assessment Report, but not tracked in the Corrective Action Plan.
 - Observation: A minor non-compliance with a regulatory driver, a non-compliance with a best management practice, or a recommendation of a possible program improvement. The minor non-compliance with a regulatory driver are entered in the Corrective Action Plan. The non-compliances with a best management practice or recommendations are entered in the Corrective Action Plan at the discretion of the Lead Assessor.
 - *Finding:* A moderate to serious non-compliance with a regulatory driver. These are entered in the *Corrective Action Plan*.
 - *Concern:* A very serious non-compliance with a regulatory driver. Immediate action should be taken if imminent danger is present. These are entered in the *Corrective Action Plan*.
- **4.0** <u>Prerequisites</u> Lead Assessors must have subject matter expert knowledge of the topic to be assessed.

5.0 Precautions

None

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6.0 Procedure

- 6.1 **Equipment: None**
- 6.2 **Conducting the assessment:** Follow all steps in IH50520 *Conducting an IH Self-Assessment.*
- 6.3 As per IH50520, prepare the Self-Assessment Report using the following steps:
 - 6.3.1 The *Lead Assessor* prepares a Draft *Self-Assessment Report*.
 - 6.3.2 The *Lead Assessor* circulates the Draft *Self-Assessment Report* to BAO counterpart and assessment team for review and comment.
 - 6.3.3 The *Lead Assessor* prepares correspondence and routes the Draft *Self-Assessment Report* for factual accuracy review by impacted organizations and BNL management.
 - 6.3.4 The *Lead Assessor* resolves issues and revises the Draft *Self-Assessment Report* based on comments received during the Factual Accuracy comment period.
 - 6.3.5 The *Lead Assessor* issues the Final *Self-Assessment Report* to SHSD Management, the Office of Independent Oversight, and all parties assessed.
 - 6.3.6 See Attachment 9.1 for the content of the Assessment Report. The report must at a minimum have the following information or equivalent:
 - Scope
 - Procedure
 - Conclusion & Recommendations
 - Written Program Review
 - Facility Level Interviews and Inspections
 - Attachment: Master Checklist
 - Attachment: Self Assessment Schedule
 - Attachment: Written Program Checklists
 - Attachment: Field Compliance Review Schedule
 - Attachment: Field Compliance Review Checklists
- 6.4 **Corrective Action Plan:** If there are identified conditions that need corrections, as per IH50520, prepare the Assessment Report using the following steps:
 - 6.4.1 The *Lead Assessor* prepares the Draft *Corrective Action Plan*.

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- 6.4.2 The *Lead Assessor circulates the* Draft *Corrective Action Plan* to all organizations with an identified action for a Factual Accuracy review and consensus on action description and commitment dates.
- 6.4.3 The *Lead Assessor* resolves issues and revises the *Draft Corrective Action plan* based on comments received during the Factual Accuracy comment period.
- 6.4.4 The *Lead Assessor* issues the Final *Corrective Action Plan* to SHSD Management, the Office of Independent Oversight, and all parties with an identified action.
- 6.4.5 The *Lead Assessor* prepares *ATS* wording for concerns/finding and submit to IO (for Special Emphasis Assessments) and to SHSD FATS (for IH Group periodic assessments). See Attachments 9.2 and 9.3 for the content of the Corrective Action Plan.

7.0 <u>Implementation and Training</u>

7.1 **Qualification Criteria:** Only individuals who have demonstrated knowledge of this procedure, to the satisfaction of the IH Group Leader, will be qualified to perform in the role of *Lead Assessor*. The qualification criteria to perform the role *Lead Assessor* are demonstrated competency in knowledge of this procedure and knowledge of the subject area to be assessed.

8.0 References

8.1 Industrial Hygiene Auditing: A Manual for Practice, A. Leibowitz, AIHA Publications, 1994.

9.0 Attachments

- 9.1 Attachment 9.1: Contents of an IHG Self Assessment Report
- 9.2 Attachment 9.2: Contents of an IHG Self Assessment Report

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9.3 Attachment 9.3: Table of Corrective Actions

10.0 **Documentation**

Document Review Tracking Sheet		
PREPARED BY:	REVIEWED BY:	APPROVED BY:
(signature and date on file) R. Selvey	(signature and date on file) K. Erickson	(signature and date on file) R. Selvey
Author	IX. Effection	IH Group Leader
Date 11/06/03	Date 11/19/03	Date 06/07/04
Filing Code:	DQAR	Effective Date:
IH52QR.01	Date	06/07/04

	Periodic Review Record	
Date of Review	Reviewer Signature and Date	Comments Attached

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Attachment 9.1

Contents of an IHG Self Assessment Report

- 1. Cover memo prepared on BNL "Memo" letterhead
 - a. Date: date assessment report is being transmitted
 - b. Addressee (To:)
 - c. Sender (From:)
 - d. Subject line: such as FYnn BNL Self-Assessment of the xxxxx Program
 - e. Body stating the content of the Attachment which is the *Self-Assessment Report*
 - f. SHSD File Code
 - g. CC: Addressee(s): should be all who participated in the assessment and all assessed.

2. Report Cover Page

- a. BNL Logo
- b. Assessment title: such as FYnn BNL Self-Assessment of the xxxxx Program
- c. Date:
- d. "Final" or "Factual Accuracy" or "Draft" Status

3. Assessment Report Text

a. Scope: A brief overview and summary (one to four paragraphs) describing the drivers, the date of the assessment, and the main topics addressed.

- b. Procedure: Brief description of the procedure used to do the assessment, including links to checklists, and a short description of the IH50520 process.
- c. Conclusion & Recommendations: This is the bulk of the report and is used to describe in detail the "who, what and how" of what was assessed. To simplify the report, it is often best to describe a assessment technique, state who or what was assessed using that technique and describe the findings. Logical organization of the

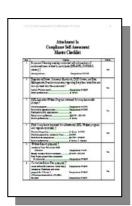




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report may be:

- Written Program Review: assessment technique description and result
- Facility Level Interviews and Inspections: assessment technique description and result. Probably the best format is to list each line organization reviewed in give details of the state of program, noteworthy practices observed, and deficiencies observed. The hierarchy of observations are:
 - Observation
 - Finding and
 - Concern
- d. Attachment: *Master Self-Assessment Task Checklist*: completed list that indicates when the key elements of the assessment were completed. It should document:
 - Scope and Planning meeting conducted with all members of assessment team invited to participate (BNL-BNL, DOE-BAO, others) Meeting held on:
 - Regulatory Driver, Consensus Standards, DOE Orders, and Best Management Practice documents regarding hazard identified and incorporated into the assessment?
 - o Internet Web-site search Completed on;
 - o Search performed by:
 - BNL Lab-wide Written Program reviewed for compliance with drivers
 - o Checklist prepared on;
 - o Reviewed by assessment team on;
 - o Distributed to BNL organizations for review on;
 - o Formal review performed on,
 - o Review performed by:
 - **Field Compliance** inspected for adherence to BNL Written program and regulatory drivers
 - o Checklist Prepared by;
 - o Checklist approved by Assessment Team on;
 - o Field Reviews completed on;
 - o Review performed by;
 - Written Report prepared: Assessment Team Preliminary Draft & Review Completed on; Factual Accuracy Review circulated on; Final Report prepared that incorporates FA comments on;



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Corrective Action Plan prepared:

- o Action defined in Corrective Action Plan on;
- o Assessment, Conditions, and Action prepared for ATS entry on;
- o ATS actions transmitted to ATS office for entry on.
- e. Attachment: Self-Assessment **Schedule**: A detailed work breakdown structure timeline of the assessment project.
 - Entries as columns for Task; Assigned to; Status/ (Duration); Calendar Due Date
 - Entries as rows for each major action, with subnumbering of minor actions for each

Pre-Assessment Assistance to BNL Organizations

Announce assessment to organizations

Announce preparation/ guidance meeting(s)

Conduct preparation meeting and one-on-one meetings requested by BNL organizations

Self-Assessment Steps

Hold Assessment Scoping Meeting

Compile contractual/ regulatory drivers list

Prepare assessment checklists based on contractual drivers

Hold meeting or via email review driver list and checklists. Determine field assessments.

Announce start of field assessments via e-mail or memo and schedule field reviews on outlooks

Conduct "In Brief" (pre-review) meeting with key BNL managers (if requested by management).

PERMITTE PERMITTE DATE DIAM

Conduct BNL written program vs. regulatory driver(s) review

Conduct Field implementation reviews on BNL Organizations

Self-Assessment Report Preparation

Prepare Draft Assessment report

Circulate Draft Assessment Report to BAO counterpart for review and comment.

Prepare correspondence and route *Draft Assessment Report* for factual accuracy review by impacted organizations and BNL management

Factual Accuracy comment period

Resolve issues and incorporate comments from FA review into Final Assessment Report

Present Final Assessment Report to IO.

Conduct "Out Brief" meeting (if requested by BNL management).

Issue Final Assessment Report from BNL to BAO.

Corrective Action Plan

Prepare draft Corrective Action Plan (CAP) based on Final report

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Distribute *Draft CAP* to affected organizations for comment Comment period on *Draft CAP*Resolve issues on *Draft CAP*Issue Final *Corrective Action Plan* to IO.
Prepare *ATS* wording for concerns/finding and submit to IO for entry.

- f. Attachment: Written Program Checklists
 - Entries as columns for Regulatory Driver Organization, Driver Reference Number, Driver Requirement, Observed State, Compliance Status
 - Entries as rows for items to be checked such as:
 Written Program; Hazard inventory; Hazard assessments; Initial Monitoring; Periodic monitoring; Training, Medical Surveillance, Waste

Disposal; Emergencies; Recordkeeping and use of information

g. Attachment: Field Compliance Review Schedule List of Dates; Organization to be Interviewed and Walk-Through; Point of Contact; IH Group Responsible Party

Attachment 4 Field Compliance Reviews		
	ioved for with construct 20%. Written y	
Des (Fistervier	Organization Reviewed Physics Days sevent	Envised By
000580		Reviewby E. Salvey
4003449	* R.Seje	Observed by: O. Orwes
	Salara Hyndrotrus Lift Laure	Enterty E lakey
100789	X.Oner A.Ahernet	Observed by G. Chara
	Introductate District	
100482	4 S. DOS-06	Earterly E. Selvey
	- O.Vin Adm	Observed by: O. Orwes
100400	Material Science Department.	Reviewby R. Salvey
100400	- 2.5ec.	Observed by: 0.0 runs
8005A2	Chemitry Department # C. Caledii	Reviewby R. Selvey
***************************************	- C.C.	Observed by: G. Oruss
+0.0782	Collider Amilentor Department	Reviewby R. Sobey
100/100	* P. Cimiglion	Observed by: O. Onus
	Life Science-Medical Dailory Descriptions	Enterty E. Selvy
40.0EA0	* A. Zurick	Observed by: O. Orwes
	EESS Department.	Rodwity R. Soley
43A3A3	* J.Boxie	Observed by: O. Ones
	Custoul Brops Division	Entwity E. Salay
1071-170	* Elaming	Observed by: 0.0ness
30403	Procurement and Property Management. s. D. Date.	Zorbwity Z. Solwy

- h. Attachment: Field Compliance Review Checklists.
 - Entries as columns for: Driver requirement;
 Observed State; Compliance Status
 - Entries as rows for items to be checked such as:

D)	primare:		Dute:
	erecord:		1
	101-q1	Stored Mile	Dominos fishs
•••	Siconfine bergillum meethory, Department has ables and references for the basiner recommy of a - headling representation and other has been of general implicant consensation. — splaceful for waters are - splaceful the resistant appeared or personally expected as largificant acceleration.		
	Help of disconnects of the companion contributes de if the tauties conceany the de companion contributes de provence de la cylinian, southern à larythres cause! provence de la cylinian, southern the cylinian cause proposes date, rectaire according to the major de regimen date, rectaire according to the regimen general of placed accordes.		
	In itsel Monttoring Firster most recovering for all vectors in access that may have gather experiencing of herythiar, as shown by the handline storagesy and hazard assessorate		

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- Inventory: Organization has submitted information for the baseline inventory
 of operations and other locations of potential beryllium contamination &
 workers exposed or potentially exposed to beryllium at those locations.
- Hazard assessment that includes an analysis of existing conditions, exposure data, medical surveillance trends, and the exposure potential of planned activities.
- Initial Monitoring for all workers in areas that may have <u>airborne</u> <u>concentrations</u>, as shown by the baseline inventory and hazard assessment.
- Housekeeping (where beryllium is present)
- Waste Disposal Control the generation and disposal of waste through good housekeeping, hazard analysis, and the application of waste minimization principles.
- Emergencies Develop and implement procedures for handling emergencies.
- Training and counseling: training program for workers who may be exposed and ensure their participation.

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Attachment 9.2

Contents of an IHG Corrective Action Plan (CAP)

- 1. Cover memo prepared on BNL "Memo" letterhead
 - a. Date: date CAP is being transmitted
 - b. Addressee (To:)
 - c. Sender (From:)
 - d. Subject line: such as FYnn BNL Self-Assessment of the xxxxx Program- Corrective Action Plan
 - e. Body stating the content of the Attachment which is the Corrective Action Plan
 - f. SHSD File Code
 - g. CC: Addressee(s): should be all who participated in the assessment and all assessed.
- 2. Report Cover Page
 - a. BNL Logo
 - b. Assessment title: such as FYnn BNL Self-Assessment of the xxxxx Program- Corrective Action Plan
 - c. Date:
 - d. "Final" or "Factual Accuracy" or "Draft" Status
- 3. Corrective Action Plan Text
 - a. A brief overview and summary (one to four paragraphs) describing the Assessment the CAP covers, the date of the assessment, and the main topics addressed by the assessment, and the commitment to track the CAP in the BNL ATS or SHSD FATS.
 - b. Table of Corrective Actions (see Attachment 9.3)

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Attachment 9.3

Table of Corrective Actions

(Use the Title of the Self Assessment, such as Fynn BNL Self Assessment of the XXXX Program))

This is assigned by ATS entry

Assessment #:

Assessment Title:

Assessment Owner:	Name of BNL employee, (usually the SHSD Manager)			
Assessment Viewing:	Public or Private (Private = SHSD only; Public = SHSD + other organizations)			
Condition ID#	nnnn.1			
Condition Title:	(Short description of the condition 60 characters or less)			
Condition				
Description:				
Condition Owner:				
Condition Due Date:	(longest due date of actions associated with this condition)			
(Action 1 associated	Action ID#	nnnn.1.1		
with this condition)	Action Title:	(Short description of the action 60 characters or less)		
	Action Description:			
	Action Closure Date:			
	Owning Organization:			
(Action 2 associated	Action ID#	nnnn.1.2		
with this condition,	Action Title:	(Short description of the action 60 characters or less)		
if needed)	Action Description:			
	Action Closure Date:			
	Owning Organization:			
(Action 3 associated	Action ID#	nnnn.1.3		
with this condition,	Action Title:	(Short description of the action 60 characters or less)		
if needed)	Action Description:			
	Action Closure Date:			
	Owning Organization:			
Additional Actions if n	eeded for this Condition (n	nnn.1.4 - nnnn.1x)		

Condition ID#	nnnn.2
Condition Title:	
Condition	
Description:	
Condition Owner:	

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Condition Due Date:	(longest due date of actions associated with this condition)	
(Action 1	Action ID#	nnnn.2.1
associated with this	Action Title:	(Short description of the action 60 characters or less)
condition)	Action Description:	
	Action Closure Date:	
	Owning Organization:	
(Action 2	Action ID#	nnnn.2.2
associated with this	Action Title:	(Short description of the action 60 characters or less)
condition, if	Action Description:	
needed)	Action Closure Date:	
	Owning Organization:	
(Action 3	Action ID#	nnnn.2.3
associated with this	Action Title:	(Short description of the action 60 characters or less)
condition, if	Action Description:	
needed)	Action Closure Date:	
	Owning Organization:	
Additional Actions if	needed for this Condition (nnnn.2.4 – nnnn.2.x)

Additional Conditions with corresponding Actions as needed to cover all Assessment Concerns, Findings. Assessment Observations can be tracked if necessary for closure.